

## LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Cavalli Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representation.

FOR OFFICE USE ONLY

Postmark Date: (2/2/04)

2/2/04

1. NAME: Surnames \_\_\_\_\_ Physical \_\_\_\_\_  
Last First MI

2. BUSINESS PHONE: 225- 369- 3737

3. BUSINESS ADDRESS: 301 Main St., One American Place, 18th Fl., Baton Rouge, LA 70825  
Street and No. City State Zip

MAILING ADDRESS: P.O. Box 3513, Baton Rouge, LA 70821  
Street and No. City State Zip

4. EMPLOYER: Kean, Miller, Howlhorn, D'Amico, McCowan & Jarman, L.L.P.

5. EMPLOYER'S ADDRESS: 301 Main St., One American Place, 22nd Fl., Baton Rouge, LA 70825  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No  X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: Beyond Steel Corporation  
Address: P.O. Box 5000, Jaymore, LA 70069  
Business or purpose: Steel Manufacturing

New Representation  
Does this person pay you? No

If No, who pays you? Kean, Miller, Howlhorn, D'Amico, McCowan & Jarman, L.L.P.

Terminated Representation as of \_\_\_\_\_

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7. Name

Address

Business or purpose

 New Representation

Does this person pay you?

If No, who pays you?

 Terminated Representation as of

8. Name

Address

Business or purpose

 New Representation

Does this person pay you?

If No, who pays you?

 Terminated Representation as of

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [1 SA-R.S. 24:50 et seq.] has been deliberately omitted.

*Michael J. Keary*  
Signature of Lobbyist